

## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE  
 Commissioner for Patents  
 P.O. Box 1450  
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20995 7590 05/06/2004

KNOBBE MARTENS OLSON & BEAR LLP  
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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Rose M. Thiessen, Ph.D. (Depositor's name)  
 [Signature] (Signature)  
 7/16/04 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/007,724	11/09/2001	Robert D. Bereman	VT0B.104A	6344

TITLE OF INVENTION: METHOD OF MAKING A SMOKING COMPOSITION

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	08/06/2004
EXAMINER	ART UNIT	CLASS-SUBCLASS			
LOPEZ, CARLOS N	1731	131-352000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

- 1 KNOBBE MARTENS  
 2 OLSON & BEAR LLP  
 3 \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

VECTOR TOBACCO LTD.

HAMILTON, BERMUDA

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee  
☒ Publication Fee  
☒ Advance Order - # of Copies 10

4b. Payment of Fee(s):

- ☒ A check in the amount of the fee(s) is enclosed.  
☐ Payment by credit card. Form PTO-2038 is attached.  
☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 11-1410 (enclose an extra copy of this form).

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07/20/2004 GWORDF2 00000090 10007724

01 FC:1501 1330.00 OP  
 02 FC:1504 300.00 OP  
 03 FC:8001 30.00 OP

TRANSMIT THIS FORM WITH FEE(S)



**PATENT**

Case Docket No. VTOB.104A

Date: July 16, 2004

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant(s) : Bereman, Robert D.  
Appl. No. : 10/007724  
Filed : November 9, 2001  
For : METHOD OF MAKING A  
SMOKING COMPOSITION  
Group Art Unit : 1731  
Class/Sub-Class : 131-352000  
Examiner : Lopez, Carlos N.

I hereby certify that this correspondence and all marked attachments are being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Issue Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on

July 16, 2004

(Date)

Rose M. Thiessen, Reg. No. 40,202

**TRANSMITTAL LETTER**

**MAIL STOP ISSUE FEE**  
**Commissioner for Patents**  
**P.O. Box 1450**  
**Alexandria, VA 22313-1450**

Dear Sir:

Enclosed for filing is the Issue Fee for the above-identified application:

- (X) Form PTOL-85.
- (X) A check in the amount of \$1660 to cover the issue fee, publication fee, and advanced order of copies is enclosed.
- (X) The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment, to Account No. 11-1410.
- (X) Return prepaid postcard.

Rose M. Thiessen  
Registration No. 40,202  
Attorney of Record  
Customer No. 20,995  
(619) 235-8550